



CONGRESSMAN JOHN LEWIS
Serving the 5th Congressional District of Georgia

EBOLA INFORMATION GUIDE

In response, to my constituents who raised concerns about the Ebola virus, my office compiled this information resource.

This factsheet is intended to answer general constituent concerns with information provided by various federal government agencies to the following questions --

- [**What is Ebola?**](#)
- [**Ebola, Enterovirus, Dengue, Malaria, Chikungunya, the Flu -- What's the difference?**](#)
- [**What is the U.S. federal government doing?**](#)
- [**Is Congress taking action?**](#)
- [**What should international travelers expect?**](#)
- [**I want to help! What can I do?**](#)

For additional and specific questions about your personal health concerns, you should contact your health care provider.

Please feel free to share this document with your families and friends.

<h3>WHAT IS EBOLA?</h3>

Ebola, previously known as Ebola hemorrhagic fever, is a disease caused by infection with one of the Ebola virus strains.

Ebola was first discovered in 1976 near the Ebola River in what is now the Democratic Republic of the Congo. Previous outbreaks were sporadic; the 2014 epidemic is the largest to date. There is widespread transmission in Guinea, Liberia, and Sierra Leone. There are local or specific cases of the related strain in the United States, Spain, Nigeria, and Senegal.

Overview

- Ebola does not spread like a cold or flu. It is much harder to catch.
- Ebola is spread through direct contact with the virus (through broken skin or the eyes, nose, or mouth) not by breathing the same air.
- Direct contact comes only from blood or body fluids of a person (or animal) that is sick with Ebola.
- Ebola infection is extremely deadly, often killing more than half of those who are infected.
- Healthcare providers caring for Ebola patients are at the highest risk of getting sick.
- Family and friends who may come in contact with infected blood or body fluids of sick patients are also at high risk, but the CDC does not project that Ebola is likely to spread easily in the United States.

What are the symptoms?

- Symptoms normally appear between 8 to 10 days, but can appear from 2 to 21 days after exposure to Ebola.
- Symptoms of Ebola include - *Fever (greater than 101.5°F), severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal (stomach) pain, and unexplained bleeding or bruising.*

[Back to the Top](#)

WHAT IS THE FEDERAL GOVERNMENT DOING?

On October 17, 2014, the President appointed Ron Klain to serve as the Ebola response coordinator of inter-agency domestic and international efforts to contain Ebola infections, and to save lives in America and around the world.

Although there are no FDA-approved drugs proven to prevent or treat Ebola, health experts have effective practices and strategies to contain it. Various U.S. agencies support preparing for, and responding to, and containing disease outbreaks. This work is done primarily through the U.S. Agency for International

Development (USAID), the Centers for Disease Control and Prevention (CDC) and the U.S. Department of Defense (DOD).

Since the outbreak began, USAID has invested over \$100 million on containing the outbreak. Through its Emerging and Pandemic Threats (EPT) program, USAID is also engaged in helping 18 countries in Africa and Asia to more effectively detect and respond to infectious disease outbreaks like Ebola.

As of September 30, 2014, the CDC has spent approximately \$16.7 million on Ebola response. The CDC has sent over 100 personnel to West Africa to help coordinate in-country, national responses and provide health education. The CDC also has [helpful guidance](#) for travelers heading overseas to assess and prepare for possible health risks.

Containing this outbreak may require additional human and material support, as well as additional technical advice to the affected countries. The Department of Defense is expected to deploy up to 4,000 personnel to help with training and equipping West African health facilities. Currently, there are an estimate 195 DOD personnel are on the ground, and another 700 expected this month.

In addition to subscribing for CDC updates and calling the CDC directly at 1-800-CDC-INFO (1-800-232-4363), here are links to helpful informational sites:

Centers for Disease Control	http://www.cdc.gov/vhf/ebola/index.html
U.S. Agency for International Development (USAID)	http://www.usaid.gov/grandchallenges/ebola#mail
U.S. Department of Defense	http://www.defense.gov/home/features/2014/1014_ebola/
U.S. Department of Homeland Security	http://www.dhs.gov/news/2014/10/08/enhanced-ebola-screening-start-five-us-airports-all-people-entering-us-ebola
U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration (PHMSA)	http://phmsa.dot.gov/hazmat/phmsa-provides-guidance-for-transporting-ebola-contaminated-items
U.S. Department of State	http://www.state.gov/p/af/rls/fs/2014/230552.htm

[Back to the Top](#)

CONGRESSIONAL ACTION

On September 16, 2014, President Obama announced an increase in the U.S. response to the current Ebola outbreak in West Africa. The administration requested and Congress is working to ensure that relevant agencies have access to funds for interagency efforts.

I have and will continue to support funding to prepare our country for global epidemics like Ebola. I am also an original cosponsor of H. Res. 701, a bipartisan resolution introduced in July highlighting the urgency of the Ebola virus and the importance of international security and public health coordination.

It is important that Congress is strong in ensuring that --

- health care personnel, frontline professionals, and other vulnerable populations have the equipment and protections they need;
- those with family members and friends affected by the epidemic receive accurate and timely information and updates; and
- there is a sustained, coordinated strategy to effectively contain the virus and care for those affected.

Congress also held hearings on this matter:

- **October 16, 2014:** [House Energy and Commerce Committee Subcommittee on Oversight and Investigations Hearing on Examining the U.S. Public Health Response to the Ebola Response](#)
- **October 10, 2014:** [House Homeland Security Committee Field Hearing on Ebola in the Homeland: The Importance of Effective International, Federal, State and Local Coordination](#)
- **September 17, 2014:** [House Foreign Affairs Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations Subcommittee Hearing: Global Efforts to Fight Ebola](#)
- **September 16, 2014:** [Senate Committee on Health, Education, Labor and Pensions and Subcommittee on Labor Health and Human Services, Education and Related Agencies Joint Hearing on Ebola in West Africa: A Global Challenge and Public Health Threat](#)

- **August 7, 2014:** [House Foreign Affairs Subcommittee on Africa, Global Health, Global Human Rights, and International Organizations Subcommittee Hearing: Combating the Ebola Threat](#)

HELPFUL TRAVELER INFORMATION

- There are no direct flights from the affected West African countries to the U.S. Passengers fly on international carriers and connect to U.S.-bound flights.
- U.S. agencies are involved with developing additional standards and training for enhanced screening at points of exit (departure) and entry (upon arriving to the U.S.).
 - Entry screening is part of a layered process that includes exit screening and standard public health practices such as patient isolation and contact tracing in countries with Ebola outbreaks.
 - Successful containment of the recent Ebola outbreaks in Nigeria and the Democratic Republic of the Congo (DRC) demonstrate the effectiveness of this approach.
 - In addition, exit screening measures have been implemented in the affected West African countries, and CDC experts have worked closely with local authorities to implement these measures.
 - Since the beginning of August, the CDC has been working with airlines, airports, ministries of health, and other partners to provide technical assistance for the development of exit screening and travel restrictions in countries with Ebola.
- This week, the U.S. Department of Homeland Security's Customs and Border Protection (CBP) instituted additional screening measures at certain U.S. airports.
 - The CDC and CBP installed additional staff and processing at the five U.S. airports which receive most inbound travelers from the effected regions: Washington-Dulles, Newark, Chicago-O'Hare, and Atlanta international airports.
 - This is a joint CDC and CBP factsheet to inform the public and guide international travelers on what they should expect when arriving at [Hartsfield-Jackson Atlanta International Airport](http://www.dhs.gov/news/2014/10/08/fact-sheet-screening-travelers-airports) (Available online: <http://www.dhs.gov/news/2014/10/08/fact-sheet-screening-travelers-airports>)
 - The Centers for Disease Control has a [helpful guide](http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-5-post-travel-evaluation/fever-in-retuned-travelers) for returning travelers experience different types of malaise. (Available online: <http://wwwnc.cdc.gov/travel/yellowbook/2014/chapter-5-post-travel-evaluation/fever-in-retuned-travelers>)

WHAT CAN I DO TO HELP?

There are number of qualified authorities soliciting private donations of medical equipment and other humanitarian assistance to the affected communities in West Africa.

- **Volunteers:** Currently, USAID is helping to coordinate and recruit [qualified medical professionals](#) to help treat and contain the disease. For more information, please visit: <http://www.usaid.gov/ebola/volunteers>
- **Other Contributions:** The [Federal Trade Commission](#) provides helpful guidance for identifying and supporting reputable charitable efforts: <http://www.consumer.ftc.gov/blog/how-guard-against-ebola-related-charity-scams>

[Back to the Top](#)

WHAT IS THE DIFFERENCE BETWEEN EBOLA AND OTHER DISEASES?

Type	<u>INFLUENZA/ FLU</u>	<u>ENTEROVIRUS D68</u>	<u>EBOLA/ EBOLA VIRUS DISEASE (EVD)</u>	<u>DENGUE FEVER</u>	<u>CHIKUNGUNYA</u>	<u>MALARIA</u>
Description	A contagious respiratory illness caused by influenza viruses	A non-polio enterovirus which can cause mild to severe respiratory illness	A viral illness caused by one of the Ebola virus strains	A viral illness caused by a bite from a mosquito carrying a dengue virus serotype	A viral illness caused by a bite from a mosquito carrying the chikungunya virus	A mosquito-borne disease caused by a parasite
General Risk Population	In general, older people, young children, pregnant women, and those with <u>certain medical conditions</u> are more likely to be affected.	In general, infants, children, especially those with asthma, and teenagers are more likely to be affected.	The virus is spread through direct exposure and contact of blood, body fluids, contaminated objects, or infected animals.	In regions where the infected mosquitoes are prevalent, avoid mosquito bites, by wearing insect repellent, removing standing water, and mosquito proofing your home.	In regions where the infected mosquitoes are prevalent, avoid mosquito bites, by wearing insect repellent, removing standing water, and mosquito proofing your home.	In regions where the infected mosquitoes are prevalent, avoid mosquito bites, by wearing insect repellent, removing standing water, and mosquito proofing your home.
Symptoms	Fever, cough, sore throat, runny/stuffy nose, muscle or body aches, Headaches, fatigue, vomiting and diarrhea – (more common in children than adults)	Fever, runny nose, sneezing, cough, body muscle aches, wheezing, difficulty breathing	Fever (greater than 38.6°C or 101.5°F), severe headache, muscle pain, weakness, diarrhea, vomiting, abdominal pain, unexplained hemorrhage (bleeding or bruising) *Symptoms may appear anywhere from 2 to 21 days after exposure to Ebola, but the average is 8 to 10 days.	High fever, severe headache, severe pain behind eyes, joint pains, muscle and bone pain, rash, mild bleeding *Symptoms of infection usually begin 4 - 7 days after the mosquito bite and typically last 3 - 10 days	Fever, joint pain, headache, muscle pain, joint swelling, rash *Symptoms usually begin 3 – 7 days after being bitten by an infected mosquito.	Fever and flu-like illness (i.e. chills, headache, muscle pain, and fatigue), nausea, vomiting, diarrhea, anemia, jaundice *Symptoms begin 10 days to 4 weeks after infection, although a person may feel ill as early as 7 days or as late as 1 year later
Transmission	<ul style="list-style-type: none"> Flu viruses are spread mainly by droplets made when people with flu cough, sneeze or talk. (droplets can land in the mouths or noses of people who are nearby or possibly be 	<ul style="list-style-type: none"> Spreads from person to person when an infected person coughs, sneezes, or touches a surface that is then touched by others. 	<ul style="list-style-type: none"> Contact with the blood or body fluids of sick patients Contact with infected wildlife Contact with objects (like clothes, bedding, needles, syringes/sharps or medical 	<ul style="list-style-type: none"> Dengue is transmitted to people by the bite of an <i>Aedes</i> mosquito that is infected with a dengue virus. It cannot be spread from person to person. 	<ul style="list-style-type: none"> Chikungunya virus is transmitted to people through mosquito bites. Mosquitoes become infected when they feed on a person already infected with the virus. 	<ul style="list-style-type: none"> Usually, people get malaria by being bitten by an infective female <i>Anopheles</i> mosquito. Only <i>Anopheles</i> mosquitoes can

	<p>inhaled into the lungs)</p> <ul style="list-style-type: none"> Less often, a person might also get flu by touching a surface or object that has flu virus on it and then touching their own mouth or nose. 	<p>*(The virus can be found in an infected person's respiratory secretions, such as saliva, nasal mucus, or sputum.)</p>	<p>equipment) that have been contaminated with the virus or with infected animals.</p> <ul style="list-style-type: none"> Handling bushmeat (wild animals hunted for food) and contact with infected bats. 		<ul style="list-style-type: none"> Chikungunya virus is most often spread to people by <i>Aedes aegypti</i> and <i>Aedes albopictus</i> mosquitoes. These are the same mosquitoes that transmit dengue virus. They bite mostly during the daytime. 	<p>transmit malaria and they must have been infected through a previous blood meal taken from an infected person.</p>
Treatment	<p>Most people with the flu have mild illness and do not need medical care or antiviral drugs.</p> <p>If you get sick with flu symptoms, in most cases, you should stay home and avoid contact with other people except to get medical care.</p>	<p>There is no specific treatment for people with respiratory illness caused by EV-D68.</p> <ul style="list-style-type: none"> People with mild illness caused by non-polio enterovirus infection typically only need symptom treatment 	<p>Symptoms are treated as they appear:</p> <ul style="list-style-type: none"> Providing intravenous fluids (IV) and balancing electrolytes (body salts) Maintaining oxygen status and blood pressure Treating other infections if they occur 	<p>There is no specific medication for treatment of a dengue infection.</p> <p>It can however be effectively treated by fluid replacement therapy if an early clinical diagnosis is made.</p>	<p>There is no medicine to treat chikungunya virus infection or disease.</p> <p>Treatment includes rest, fluids, and medicines such as ibuprofen, naproxen, acetaminophen, or paracetamol, to relieve fever and pain.</p>	<p>Before departing, travelers can contact their doctors for antimalarial drugs.</p> <p>Malaria can be cured with prescription drugs.</p> <p>The type of drugs and length of treatment depend on the type of malaria, where the person was infected, their age, whether they are pregnant, and how sick they are at the start of treatment.</p>

[Back to the Top](#)